

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/869872**

FILING DATE

APPLICANT(S)

	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2	/						
3	/						
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TOTAL IND.	2						
TOTAL DEP.	13						
TOTAL CLAIMS	15						

	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

BEST AVAILABLE COPY

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS